

WAC 246-976-935 Emergency medical services and trauma care system trust account.

RCW 70.168.040 establishes the emergency medical services and trauma care system trust account. With the advice of the EMS/TC steering committee, the department will develop a method to budget and distribute funds in the trust account. The department may use an injury severity score to define a major trauma patient. Initially, the method and budget will be based on the department's *Trauma Care Cost Reimbursement Study, final report (October 1991)*. The committee and the department will review the method and the budget at least every two years.

(1) Definitions: The following phrases used in this section mean:

- (a) "Initial acute episode of injury" refers to care that is related to a major trauma. This can include prehospital care, resuscitation, stabilization, inpatient care and/or subsequent transfer, and rehabilitation. It does not include later readmission or outpatient care.
- (b) "Needs grant" is a trust account payment that is based on a demonstrated need to develop and maintain service that meets the trauma care standards of chapter 70.168 RCW and this chapter. Needs grants are awarded to verified trauma care ambulance or aid services. Services must be able to show that they have looked for other resources without success before they will be considered for a needs grant.
- (c) "Participation grant" refers to a trust account payment designed to compensate the recipient for participation in the state's comprehensive trauma care system. These grants are intended as a tool for assuring access to trauma care. Participation grants are awarded to:
 - (i) Verified trauma care ambulance or aid services;
 - (ii) Designated trauma care services; and
 - (iii) Designated trauma rehabilitation services.

(2) The department will distribute trust account funds to:

- (a) Verified trauma care ambulance and aid services;
- (b) Designated trauma care services:
 - (i) Levels I-V general; and
 - (ii) Levels I-III pediatric;
- (c) Physicians and other clinical providers who:
 - (i) Are members of designated trauma care services;
 - (ii) Meet the response-time standards of this chapter;
 - (iii) Provide care for major trauma patients during the initial acute episode of injury. This includes physiatrists who consult on rehabilitation during the acute hospital stay, or who provide care in a designated trauma rehabilitation service;

- (iv) Complete trauma records in a timely manner according to the trauma care services current requirements; and
 - (v) Participate in quality assurance activities;
 - (d) Designated trauma rehabilitation services:
 - (i) Levels I-III; and
 - (ii) I-pediatric.
- (3) The department's distribution method for verified trauma care ambulance and aid services will include at least:
- (a) Participation grants, which will be awarded once a year to services that comply with verification standards. Services that are eligible to receive Medicaid funds will have the option of either receiving the participation grant or receiving an increased payment by the department of social and health services for medical emergency transportation of medical assistance clients who meet trauma triage criteria;
 - (b) Needs grants, based on the service's ability to meet the standards of chapter 70.168 RCW and chapter 246-976 WAC (this chapter). The department may consider:
 - (i) Level of service (BLS, ILS, ALS);
 - (ii) Type of service (aid or ambulance);
 - (iii) Response area (rural, suburban, urban, wilderness);
 - (iv) Volume of service;
 - (v) Other factors that relate to trauma care;
- (4) The department's distribution method for designated trauma care services, levels I-V general and I-III-pediatric will include at least:
- (a) Participation grants, which will be awarded once a year only to services that comply with designation standards. The department will review the compliance requirements annually. The department may consider:
 - (i) Level of designation;
 - (ii) Service area (rural, suburban, urban, wilderness);
 - (iii) Volume of service;
 - (iv) The percentage of uncompensated major trauma care;
 - (v) Other factors that relate to trauma care;
 - (b) Increased payment by the department of social and health services for major trauma care for medical assistance clients during the initial acute episode of injury;

- (5) The department's distribution method for physicians and other clinical providers included in subsection (2)(c) of this section will include at least:
- (a) Increased payment by the department of social and health services for trauma care of medical assistance clients and care provided within six months of the date of injury for inpatient surgical procedures related to the injury, which were planned during the initial acute episode of injury, using Medicare rates as a benchmark;
 - (b) Partial reimbursement for care of other major trauma patients who meet DOH eligibility criteria. The department's criteria will consider at least:
 - (i) The patient's ability to pay;
 - (ii) The patient's eligibility for other health insurance, such as medical assistance or Washington's basic health plan;
 - (iii) Other sources of payment.
- (6) The department's distribution method for designated trauma rehabilitation services, levels I-III and I-pediatric will include at least:
- (a) Participation grants, which will be awarded once a year only to services that comply with designation standards. The department will review the compliance requirements annually. The department may consider:
 - (i) Level of designation;
 - (ii) Volume of service;
 - (iii) Other factors that relate to trauma care;
 - (b) Partial reimbursement for trauma rehabilitation provided during the initial acute episode of injury for major trauma patients who:
 - (i) Meet DOH eligibility criteria. The department's criteria will include at least:
 - (A) Residence in Washington at the time of injury;
 - (B) The patient's ability to pay;
 - (C) The patient's eligibility for other health insurance, such as medical assistance or Washington's basic health plan;
 - (D) Other sources of payment;
 - (ii) Were admitted for rehabilitation service within ninety days of the injury;
 - (c) The department will give priority to acute inpatient rehabilitation services.
- (7) Chapter 70.168 RCW requires regional match of state funds from the emergency medical services and trauma care trust account. Contributions to regional matching funds may include:
- (a) Hard match;

- (b) Soft match:
 - (i) The value of services provided by volunteer prehospital agencies;
 - (ii) Local government support;
 - (iii) The cost of care by designated trauma care services which exceeds insurance or patient payment;
 - (iv) The value of volunteer time (excluding any expenses paid with state funds) to establish and operate:
 - (A) State EMS/TC committees and their subcommittees;
 - (B) Regional and local EMS/TC councils, and their committees and subcommittees;
 - (C) Regional and local quality assurance programs;
 - (D) Injury prevention and public education programs;
 - (E) EMS training and education programs;
 - (F) Trauma-related stress management and support programs;
- (c) The department will determine the value of personnel time included in soft match, to be applied statewide.